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## APPLICANTS

Robert H. DeBellis, Englewood, NJ;

Bernard F. Erlanger, Whitestone, NY;

\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	7	19	6
Examiner's Signature <i>[Signature]</i>	Initials			

## ADDRESS

Cooper & Dunham LLP  
 1185 Avenue of the Americas  
 New York , NY  
 10036

## TITLE

METHODS OF TREATING SICKLE CELL DISEASE

FILING FEE  RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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